

**Department of Health and Human Services
Division of Mental Health and Developmental Services
Substance Abuse Prevention and Treatment Agency (SAPTA)¹
Treatment National Outcome Measures (NOMs)**

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The Substance Abuse Prevention and Treatment Agency (SAPTA) has implemented a new web-based system, Nevada Health Information Provider Performance System (NHIPPS), to collect treatment data from SAPTA funded treatment programs. This data collection system has been adapted from the Texas Behavioral Health Integrated Provider System (BHIPS). The system has been upgraded to collect all National Outcome Measures (NOMs). The system currently collects the following NOMs that will help determine program effectiveness:

Substance Abuse Treatment National Outcome Measures

Outcome	Measurement	NHIPPS Data Fields
Abstinence from Drug/Alcohol Abuse	Reduction in/no change in frequency of use in the 30 days prior to admission compared to the 30 days prior to discharge.	Frequency of use 30 days prior to admission and 30 days prior to discharge
Increased/Retained Employment or Return to/Stay in School	Increase in/no change in number of clients employed or in school at discharge compared to admission.	Employment status is collected at admission and discharge as well as school enrollment status.
Decreased Criminal Justice Involvement	Reduction in/no change in number of arrests in the 30 days prior to admission compared to the 30 days prior to discharge.	Number of arrests 30 days prior to admission and 30 days prior to discharge are collected.
Increased Stability in Housing	Increased in/no change in number of clients in stable housing situations at date of admission compared to date of discharge.	Client living arrangements are collected at admission and discharge.
Increase Retention in Treatment	Length of Stay from date of first service to date of last service.	Service dates are collected in NHIPPS thus length of stay is calculated.
Access to Service	Unduplicated count of persons served.	Unduplicated clients served is calculated in NHIPPS.
Increased Social Supports/Social Connectedness	Developmental	NHIPPS collects, at discharge, individuals enrolled in self-help or support skills programs.

¹ The Division of Mental Health and Developmental Services (MHDS), Substance Abuse Prevention and Treatment Agency (SAPTA), was previously known as the Health Division, Bureau of Alcohol and Drug Abuse (BADA).

Data Driven Decisions and Performance-Based Funding

SAPTA has withheld SAPT Block Grant monies to develop incentive payments to increase the quality of client care. Criteria have been developed that will allocate additional funding; payments will be capped in each subgrant. Additional funding will be conditional, based on access to service, engagement, retention, and completion of treatment. The SAPTA Advisory Board members are developing performance guidelines for dispensing these additional funds. Implementing this initial performance-based funding is a three year process. In the first year, FY 2007, the indicators and methods for awarding performance incentives will be determined; in the second year, FY 2008, scopes of work and client data will be monitored to determine the functionality of the program; and implementation will begin in the third year. The following are measures being implemented in SFY 2009:

Access to Service: Provider utilization (units of service and the number of individuals served) is specified in provider agreements as the Scope of Work (SOW) and tracked in NHIPPS. A monthly utilization baseline is established as an initial eligibility for additional performance-based funding. For example, it has been determined that SAPTA funded treatment providers are to demonstrate a monthly utilization of 80% of their contracted scope of work to be eligible.

Engagement: Evidence shows that, once first contact is made, it is important to assess and engage clients in treatment before contact is lost. NHIPPS provides the ability to track the time between initial contact, assessment, and admission to a treatment program. Timeframes in this process reflect a conscientious effort to meet individual needs and engage the client while he/she is motivated to seek help.

Retention and Completion: With the new data system (NHIPPS), it is possible to track client engagement rates. Each service provided a client is tracked through a progress note entered by the clinician. These progress notes make it possible to track the number of encounters each client has with clinical staff over a period of time. As engagement rate of the client has a direct effect on treatment outcome and effectiveness, therapeutic encounters during the initial 60 days of treatment are tracked and a minimum rate determined to receive additional performance funding. Additional encounter requirements for receiving this funding are determined by the Length of Stay (LOS) and the client engagement during the last 30 days of treatment. Treatment completions are included in the performance incentive initiatives and are determined by variables that include, but are not limited to, progress on goals of treatment contained in the treatment plan.